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ANTONELLI, TERRY STOUT & KRAUS, LLP 1300 NORTH SEVENTEENTH STREET SUITE 1800 ARLINGTON, VA 22209-3873 Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying Papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

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(Depositor's name	Γ
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							(Date)		
APPLICATI	ON NO.   F	FILING DATE	FIRST NAMED INVENTOR		ATTORNE	Y DOCKET NO.   CON	FIRMATION NO.		
10/656,334 09/08/2003		Akitaka Makino		648.4	648.43120X00 9217				
TITLE OF INVENTION: VACUUM PROCESSING APPARATUS									
APPL. TYPE	TYPE SMALL ENTITY ISSUE FEE DUE PUBLICATION FEE I		DUE PREV. PA	AID ISSUE FEE	TOTAL FEE (\$) DUE	DATE DUE			
Nonprovisional	NO	\$ <del>1400</del> 1440	\$300		\$0	\$ <del>1700</del> 1740	12/28/2007		
	EXAMINER ART UNIT		CLASS	-SUBCLASS					
	MOORE, KARLA A		1763	118	-719000				
	pondence address or in	dication of "Fee Address	s: (37	2. For printing on the patent front page, list					
CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  agents OR, alternatively,  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)				(1) the names of up to 3 registered patent attorneys 1 ANTONELLI, TERRY, STOUT & KRAUS, LLP.  Or agents OR, alternatively, (2) the name of single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys_or agents. If no_name is listed no name will be printed.					
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(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)									
Hitachi High-Technologies Corporation Tokyo, Japan									
Please check the appropriate assignee category or categories (will not be printed on the patent):									
4a. The following fee(s) are enclosed:  ☐ Issue Fee ☐ A check is enclosed. ☐ Publication Fee (No small entity discount permitted) ☐ Advance Order- # of Copies 4 ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 01-2135.									
5. Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).									
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Authorized S	ignature /Me	Ivin Kraus/		Date: <b>DECE</b>	MBER 27, 2007				
Typed or print	ted name <b>Melvin k</b>	<b>Kraus</b>		Registration No	22,466				

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and Submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent tot eh Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.